U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 707050 Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE 710 (37 CFR 1.16(a)) OR TOTAL CLAIMS x s 18 minus 20 = OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS P (37 CFR 1.16(b)) minus 3 OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR 908 TOTAL TOTAL OR * If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY (Column 1) CLAIMS HIGHEST PRESENT REMAINING RATE ADDI-RATE ADDI-NUMBER TIONAL F **PREVIOUSLY EXTRA** TIONAL AFTER AMENDMENT PAID FOR FEE FEE ш Total Minus ENDM \mathfrak{A} (37 CFR 1.16(c)) X \$ X \$ OR Independent (37 CFR 1.16(b)) Minus X \$ OR Z FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**EXTRA AFTER** PREVIOUSLY TIONAL **TIONAL** ENDMENT AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus X \$ OR Independent (37 CFR 1.16(b)) Minus X \$ = OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT ADDI-REMAINING NUMBER RATE ADDI-RATE ENT **EXTRA** TIONAL TIONAL PREVIOUSLY **AFTER** FEE AMENDMENT PAID FOR FEE Total Minus ENDM (37 CFR 1,16(c)) OR Independent (37 CFR 1.16(b)) Minus X \$ OR X \$ ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE • If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



												_
·								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2000								09707050				
CLAIMS AS FILED - PART I							SMALL	ENTITY		OTHER	THAN	1
	(Column 1) (Colum			ımn 2)		TYPE			SMALL ENTITY			
OTAL CLAIMS							RATE	FEE]	RATE	FEE	1
DR		NUMBER	FILED	NUMBER EXTRA			BASIC F	EE 355.00	OR	BASIC FEE	710.00	
OTAL CHARGEABLE CLAIMS		3 minus 20=		· //		ſ	X\$ 9=		OR	X\$18=	198	1
DEPENDENT CLAIMS		フ m	nus 3 =	•			X40=		1	Vac	1 10	1
JLTIPLE DEPEN	RESENT				ŀ			OR			1	
the difference	less than 76	ero ente	"O" in c	in column 3		+135=		OR	+270=		1	
the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	· L	OR	TOTAL	908	4
CLAIMS AS AMENDED - PART II							SMAL	L ENTITY	OR	OTHER SMALL		
	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	3
Total	·]/	Minus	0	1	= 0		X\$ 9=		OR	X\$18=	0	喜
Independent	. 3	Minus	··· J		= <i>U</i>	ı	X40=	1	OR	X80=	U	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+	100			Jan
						L	+135=		OR	+270=		(
20 81. 02.102.7							TOTA DDIT. FE		OR	TOTAL ADDIT. FEE	0	l
(Column 1) NE (RI21) (Column 2) (Column 3)												
	REMAINING AFTER AMENDMENT		NUMI PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	P
Total	· 23	Minus	?	7	= -		X\$ 9=	1	OR	X\$18=		2
Independent	. 4	Minus	***	3	= (ŀ	X40=	 	1	X S Ų⊭	ceril oc	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 	OR	∧orj≠	RAM	8
		•	^	يلا	S	L	+135=		OR	+270≃		2
(Column 1) PAND (Column 2) (Column 3)							TÖTA DDIT. FE	<u> </u>	OR	TOTAL ADDIT. FEE	8600	-
1000	(Column 1) CLAIMS	ALL CON	(Colur HIGH	nn 2) EST	(Column 3)	_					*	
	REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		FATE	ADDI- TIONAL	
Total	· 23"	Minus	٠. ٢	31	= ~	r	X\$ 9=	1 '55		X\$18=	FEE	0
Independent	. 4	Minus	***	4	= ′	-	X40=	 	OR	X 80 4	(X. 1)	12
LEDGT DOCCC	NITATION OF ME	11 TION 5 050			J		ハーリー			/του≂	1	· `:

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

ADDIT. FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 8/00)

AMENDMENT B

OR

OR

+135=

TOTAL

+270=

TOTAL ADDIT. FEE